



## FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) LEAVE REQUEST FORM

**Employee name:** \_\_\_\_\_

**Date(s) of FFCRA leave requested:** from \_\_\_\_\_ to \_\_\_\_\_

**If you are requesting intermittent leave please describe the schedule you are requesting here:**

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**Qualifying reason for request (*please initial next to the reason and provide requested information*):**

- \_\_\_ (1) Employee is unable to work or telework because employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.  
*Please provide the name of the government entity that issued the quarantine or isolation order:* \_\_\_\_\_.
- \_\_\_ (2) Employee is unable to work or telework because employee has been advised by a health care provider to self-quarantine related to COVID-19.  
*Please provide the name of the health care provider who advised you to self-quarantine due to concerns related to COVID-19:*  
\_\_\_\_\_.
- \_\_\_ (3) Employee is unable to work or telework because employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.  
*Leave is limited to the period of time that you are unable to work or telework because you are taking affirmative steps to obtain a medical diagnosis (e.g., time spent making, waiting for, or attending an appointment related to COVID-19).*
- \_\_\_ (4) Employee is unable to work or telework because employee is caring for an individual subject to an order described in (1) or self-quarantined as described in (2).  
*Please provide the name of the government entity that issued the quarantine or isolation order or the name of the health care provider who advised the individual being cared for to self-quarantine:* \_\_\_\_\_.
- \_\_\_ (5) Employee is unable to work or telework because employee is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons.

*Please provide the following information:*

Name of child being cared for: \_\_\_\_\_.

Name of school, place of care, or childcare provider that has closed or become unavailable: \_\_\_\_\_.

No other suitable person (such as a co-parent, co-guardian, or the usual childcare provider) is available to care for the child during the period for which I am requesting FFCRA leave: **Yes No (please circle one)**.

If you have selected qualifying reason 3,4, or 5 above please indicate here if you would like to use your available already accrued Paid Time Off simultaneously to receive your full regular rate up to the cap for as long as your accrued PTO lasts. **Yes No (please circle one)**.

I hereby certify that I am unable to work or telework because of the qualified reason stated above. I certify that this statement is true and accurate and understand that my employer is relying on my representations and that false representations may result in disciplinary action.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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For Administrative Use Only:

Approved: Yes No (please circle one)

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_